

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NJ
APPLICATION YEAR: 2010

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NJ

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,685,330

A.Preventive and primary care for children:

\$ 4,700,430 (40.23%)

B.Children with special health care needs:

\$ 3,823,984 (32.72%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,152,793 (9.87%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 130,260,877

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 9,419,570

\$ 130,260,877

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 141,946,207

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 500,000

f. EMSC: \$ 0

g. WIC: \$ 33,275,457

h. AIDS: \$ 2,260,049

i. CDC: \$ 3,224,471

j. Education: \$ 10,865,873

k. Other: \$

Family Planning \$ 3,413,730

Others \$ 2,079,453

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 55,818,677

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 197,764,884

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NJ

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,348,050	\$ 13,239,733	\$ 12,348,500	\$ 15,321,650	\$ 11,876,774	\$ 11,238,157
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 22,292,699	\$ 25,623,667	\$ 90,237,699	\$ 86,156,199	\$ 87,180,699	\$ 119,287,009
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 34,640,749	\$ 38,863,400	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 44,750,927	\$ 0	\$ 43,536,978	\$ 43,536,978	\$ 46,458,238	\$ 45,543,293
9. Total <i>(Line11, Form 2)</i>	\$ 79,391,676	\$ 38,863,400	\$ 146,123,177	\$ 145,014,827	\$ 145,515,711	\$ 176,068,459
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NJ

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,876,774	\$ 11,633,788	\$ 11,401,000		\$ 11,685,330	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 124,066,801	\$ 129,944,080	\$ 138,405,877		\$ 130,260,877	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 0	\$ 141,946,207	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 46,984,124	\$ 45,574,600	\$ 45,445,924		\$ 55,818,677	
9. Total <i>(Line11, Form 2)</i>	\$ 182,927,699	\$ 187,152,468	\$ 195,252,801	\$ 0	\$ 197,764,884	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Expended FY2007 State Funds, Expended exceeded budgeted amount by more than 10% due to expenditure of carry forward funding.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NJ

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 4,930,303	\$ 8,371,553	\$ 7,430,303	\$ 6,734,520	\$ 7,898,588	\$ 7,725,640
b. Infants < 1 year old	\$ 7,636,945	\$ 6,198,100	\$ 10,842,945	\$ 8,700,500	\$ 6,690,410	\$ 5,646,453
c. Children 1 to 22 years old	\$ 9,891,684	\$ 10,744,486	\$ 11,545,240	\$ 11,140,200	\$ 10,022,400	\$ 12,755,319
d. Children with Special Healthcare Needs	\$ 11,081,817	\$ 12,445,017	\$ 71,667,711	\$ 73,717,017	\$ 73,718,900	\$ 103,479,556
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,100,000	\$ 1,104,244	\$ 1,100,000	\$ 1,185,612	\$ 727,175	\$ 918,198
g. SUBTOTAL	\$ 34,640,749	\$ 38,863,400	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 132,836	
c. CISS	\$ 0		\$ 0		\$ 100,000	
d. Abstinence Education	\$ 843,000		\$ 914,945		\$ 914,945	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 20,721,000		\$ 22,088,115		\$ 23,885,700	
h. AIDS	\$ 2,072,878		\$ 2,283,000		\$ 2,283,000	
i. CDC	\$ 2,322,546		\$ 1,442,466		\$ 2,288,757	
j. Education	\$ 11,876,000		\$ 10,193,673		\$ 11,928,000	
k. Other						
Hearing	\$ 0		\$ 0		\$ 220,000	
OPA	\$ 0		\$ 0		\$ 2,283,000	
SSBG	\$ 0		\$ 1,922,000		\$ 1,922,000	
Family Planning	\$ 3,121,766		\$ 3,121,766		\$ 0	
Other	\$ 0		\$ 971,013		\$ 0	
All Other	\$ 3,193,737		\$ 0		\$ 0	
III. SUBTOTAL	\$ 44,750,927		\$ 43,536,978		\$ 46,458,238	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NJ

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 8,665,530	\$ 7,196,338	\$ 8,973,485		\$ 9,424,423	
b. Infants < 1 year old	\$ 5,198,707	\$ 5,338,866	\$ 5,321,214		\$ 5,222,087	
c. Children 1 to 22 years old	\$ 10,363,643	\$ 14,342,993	\$ 14,279,510		\$ 15,018,843	
d. Children with Special Healthcare Needs	\$ 110,566,581	\$ 113,201,928	\$ 120,100,089		\$ 111,128,061	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 1,149,114	\$ 1,497,743	\$ 1,132,579		\$ 1,152,793	
g. SUBTOTAL	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 0	\$ 141,946,207	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 132,836		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 500,000		\$ 500,000		\$ 500,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 23,885,700		\$ 23,885,700		\$ 33,275,457	
h. AIDS	\$ 2,260,049		\$ 2,283,000		\$ 2,260,049	
i. CDC	\$ 2,585,643		\$ 1,295,357		\$ 3,224,471	
j. Education	\$ 11,066,631		\$ 11,066,631		\$ 10,865,873	
k. Other						
Family Planning	\$ 0		\$ 0		\$ 3,413,730	
Others	\$ 0		\$ 0		\$ 2,079,453	
CDC Lead	\$ 0		\$ 1,105,400		\$ 0	
Hearing	\$ 0		\$ 220,000		\$ 0	
OPA	\$ 0		\$ 2,895,000		\$ 0	
SSBG	\$ 0		\$ 1,922,000		\$ 0	
Lead CDC	\$ 962,918		\$ 0		\$ 0	
SSBG	\$ 5,483,183		\$ 0		\$ 0	
III. SUBTOTAL	\$ 46,984,124		\$ 45,445,924		\$ 55,818,677	

FORM NOTES FOR FORM 4

Form 4 - II.k. - Other - includes federal funding for newborn hearing screening, primary care cooperative agreement, Social Service Block grant funding that was included under Other funds on Form 2 and transferred to Form 4 automatically.

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Expended differs from budgeted amount by more than 10%.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
FY2007 Infants <1 year old, Expended differs from budgeted amount by more than 10% due to re-allocation of expenditures into children 1 to 22 year old category.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Expended differs (exceeded) from budgeted amount by more than 10%.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
FY2007 Children 1 to 22 years old, Expended differs from budgeted amount by more than 10% due to re-allocation of expenditures from Infants < 1 year old group.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNEExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to expenditure of carryover funds.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
Expended differs from budgeted amount by more than 10%.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to expenditure of carryover funds.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NJ

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 9,391,410	\$ 11,188,686	\$ 71,417,821	\$ 73,392,623	\$ 72,726,300	\$ 98,279,008
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,397,630	\$ 10,446,096	\$ 14,220,380	\$ 11,588,877	\$ 11,034,399	\$ 15,938,351
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 8,385,190	\$ 12,319,306	\$ 11,408,940	\$ 10,790,569	\$ 9,032,174	\$ 10,352,406
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,466,519	\$ 4,909,312	\$ 5,539,058	\$ 5,705,780	\$ 6,264,600	\$ 5,955,401
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 34,640,749	\$ 38,863,400	\$ 102,586,199	\$ 101,477,849	\$ 99,057,473	\$ 130,525,166

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NJ

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 109,433,180	\$ 109,370,811	\$ 111,414,100	\$	\$ 107,316,193	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,965,314	\$ 17,442,867	\$ 20,584,077	\$	\$ 18,174,577	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,036,692	\$ 7,993,907	\$ 10,320,500	\$	\$ 9,561,400	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,508,389	\$ 6,770,283	\$ 7,488,200	\$	\$ 6,894,037	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 135,943,575	\$ 141,577,868	\$ 149,806,877	\$ 0	\$ 141,946,207	\$ 0

FORM NOTES FOR FORM 5

Form 5 - V. Federal -State Partnership - FY 2005 to FY 2006 increase in expenditures and allocations due to inclusion of state funding for early intervention services not previously included in the partnership.

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to re-allocation of funds.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Enabling Services, Expended differs from budgeted amount by more than 10%. Expended amount is 10% more than that budgeted.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to re-allocation of funds.
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Population-Based Services, Expended differs from budgeted amount by more than 10%. Expended amount is more than 10% less than budgeted.
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to re-allocation of funds.
6. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
FY2008 Infrastructure Building Services, Expended differs from budgeted amount by more than 10%. Expended amount is 10% more than that budgeted.
7. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
Expended differs from budgeted amount by more than 10% due to re-allocation of funds.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NJ

Total Births by Occurrence: 108,791

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	108,791	100	12	4	4	100
Congenital Hypothyroidism	108,791	100	1,681	68	68	100
Galactosemia	108,791	100	40	3	3	100
Sickle Cell Disease	108,791	100	88	32	32	100

Other Screening (Specify)

Biotinidase Deficiency	108,791	100	20	0	0	
Cystic Fibrosis	108,791	100	284	21	21	100
Maple Syrup Urine Disease	108,791	100	2	2	2	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	108,791	100	1	1	1	100
Argininosuccinic Acidemia	108,791	100	1	1	1	100
Citrullinemia	108,791	100	1	1	1	100
Isovaleric Acidemia	108,791	100	0	0	0	
Propionic Acidemia	108,791	100	1	1	1	100
3-Methylcrotonyl-CoA Carboxylase Deficiency	108,791	100	1	1	1	100
Methylmalonic acidemia (Cbl A,B)	108,791	100	0	0	0	
Glutaric Acidemia Type I	108,791	100	0	0	0	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	108,791	100	6	6	6	100
Long-Chain L-3-Hydroxy Acyl-CoA Dehydrogenase Deficiency	108,791	100	0	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

Pediatric Lead Screening						
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- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

See attachment Newborn Screening by Disorder 2008

Source: Newborn Screening Program - The number of initial newborn biochemical screenings as reported by the State's Inborn Errors of Metabolism Laboratory and the number of confirmed cases and cases treated from the Newborn Biochemical Screening Follow-up Program in SFY 2008.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Screening Programs for Older Children and Women

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2010

Field Note:

During calendar year 2008, more than 222,000 blood lead tests were reported on 208,860 children. Of the children tested in 2008, 83.8% were under the age of 6 years.

Source: Childhood Lead Poisoning Prevention Program Database (LeadTrax)

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NJ

Reporting Year: 2008

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	107,021	28.0		65.0	5.0	2.0
Infants < 1 year old	109,539	32.0		63.0	3.0	2.0
Children 1 to 22 years old	218,345					100.0
Children with Special Healthcare Needs	46,017	44.0		49.0	4.0	3.0
Others	30,000					100.0
TOTAL	510,922					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2010
Field Note:
Source: Provisional EBC data for 2008. Number of women delivering liveborn infants. Primary Source of Insurance Coverage for prenatal care from the PRAMS Survey (2002-2007 data).
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Source: Provisional EBC data for 2008. Number of women delivering liveborn infants. Source of Insurance Coverage for delivery care from the PRAMS Survey (2002 - 2007 data).
3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Estimated number of Children 1 to 22 years old is based on the estimated total of children served in 2008 in the Fluoride Mouthrinse Program (26,550), Oral Health Education (74,830), Adolescent Family Planning (34,775), and Adolescent Community Partnerships (82,190). Primary source of health insurance coverage is not available. An exact unduplicated count of children served is not available from the programmatic data. During calendar year 2008, 208,860 children were screened for Lead Poisoning.
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2010
Field Note:
Source: Children served in 2008 by Case Management (12,500), Child Evaluation Centers (15,000), Tertiary Care Centers (12,000), Cleft Lip/Cleft Palate Centers (3,000) & Newborn Biochemical Follow-up (3,517).
Primary sources of Insurance based on programmatic statistics reported to SCHEIS from grantee programs.
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
Number of Others is an estimate of individuals served in Family Planning Centers.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NJ

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	109,539	73,672	19,613		11,157			5,097
Title V Served	109,539	73,672	19,613		11,157			5,097
Eligible for Title XIX	27,134	15,189	8,941		762			2,242
INFANTS								
Total Infants in State	109,539	73,672	19,613		11,157			5,097
Title V Served	109,539	73,672	19,613		11,157			5,097
Eligible for Title XIX	27,134	15,189	8,941		762			2,242

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	80,523	29,016						29,016
Title V Served	80,523	29,016						29,016
Eligible for Title XIX	14,579	12,555						12,555
INFANTS								
Total Infants in State	80,523	29,016						29,016
Title V Served	80,523	29,016						29,016
Eligible for Title XIX	14,579	12,555						12,555

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1.

Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2010

Field Note:
Source: Provisional 2008 Electronic Birth Certificate for all in-state live births. Total deliveries=live births=Title V served.
2.

Section Number: Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2010

Field Note:
Source: Provisional 2008 Electronic Birth Certificate for all in-state live births.
Birth to mother who self-reports Medicaid participation during pregnancy as estimate for Eligible for Title XIX.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NJ

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>	<u>(800) 328-3838</u>
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	<u>Elizabeth Dahms</u>	<u>Reza Behbehanian</u>	<u>Reza Behbehanian</u>	<u>Reza Behbehanian</u>	<u>Reza Behbehanian</u>
4. Contact Person's Telephone Number	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>	<u>(609) 292-5616</u>
5. Contact Person's Email	<u>Elizabeth.Dahms@doh.st</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>15,173</u>	<u>12,372</u>	<u>11,037</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NJ

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2008
Field Note:
Total calls to MCH hotline for 2008 calendar year = 15,173.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: NJ

1. State MCH Administration:
(max 2500 characters)

In New Jersey the administration of the MCH Block Grant, including the program for children with special health care needs, is organizationally located within the Department of Health and Senior Services, Division of Family Health Services (FHS). The division's organization is based on function, rather than categorical programs. Maternal, Child and Community Health (MCCH) has oversight of the Maternal and Child Health Consortia (MCHC), the Healthy Mothers Healthy Babies Coalitions (HMHB), FAS risk reduction perinatal addiction services, Healthy Start, the Black Infant Mortality Reduction Awareness Campaign, comprehensive maternity services and outreach and education, preventive and primary care services including child and adolescent health services, oral health, childhood lead poisoning prevention services, Title X-family planning, breast and cervical cancer control initiative, the primary care cooperative agreement, and the federally qualified health center (FQHC) expansion program. The second service unit in FHS, Special Child Health and Early Intervention Services (SCHEIS) administers programs and services to assure that all persons with special health needs have access to comprehensive, community based, culturally competent and family centered care. The Birth Defects registry provides for early identification and surveillance. Newborn screening follow-up is within SCHEIS. Specialized pediatric evaluation and treatment services are managed by SCHEIS along with community based case management services for children with special health care needs. Services for adults include hereditary disorders, diabetes control, Huntington's disease, and chronic renal disease. The MCH Epidemiology Program is under the Office of the Medical Director within the Office of the Assistant Commissioner.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,685,330
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 130,260,877
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 141,946,207

9. Most significant providers receiving MCH funds:

MCH Consortia

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	107,021
b. Infants < 1 year old	109,539
c. Children 1 to 22 years old	218,345
d. CSHCN	46,017
e. Others	30,000

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The prevention oriented system for child health is an outreach case management model designed to assist primary health care providers deliver more effective health supervision and medical care to high risk families through supportive nurse home visiting services. Confidential family planning services are available throughout the state to adolescents. Through home visiting projects, pregnant/parenting adolescents and their infants receive parenting skills training, and linkage with preventive and primary health care. Outreach and education to promote healthy birth outcomes are provided through a network of Healthy Mothers Healthy Babies coalitions. Safety net pediatric tertiary medical and developmental services are available to children with special health care needs. The County Case Management Units provide individualized case management/care coordination services for families with children with special health care need.

b. Population-Based Services:
(max 2500 characters)

Newborn screening follow up assures infants identified as having an inborn error of metabolism receive timely and appropriate treatment. Through the Cavity Free Kids program and the school fluoride mouth rinse program preschool and school age children participate in oral health education activities. The SIDS Center of New Jersey provides the following services: 1) a 24-hour hotline for the acceptance of SIDS case referrals and the provision of information about SIDS, 2) grief counseling services for parents affected by SIDS, 3) a system of continuing public an professional education, and 4) the development of local support groups.

c. Infrastructure Building Services:
(max 2500 characters)

The state's six regional Maternal and Child Health Consortia serve as the local planning, quality assurance, and professional and consumer education agents focused on MCH issues. Using the electronic birth certificate information along with other relevant data, the MCH Epidemiology Program collects and analyzes data on maternal and child health indicators to assist in needs assessment, program planning and improving health outcomes. The birth defects monitoring program maintains the SCHS registry which includes the confidential registration of infants/children with birth defects and special health care needs. This registry serves as an entry point into the SCHEIS case management system. Community Partnerships for Healthy Adolescents provide a focal point for coordinating health promotion activities for Adolescents in eight communities.

12. The primary Title V Program contact person:

Name Celeste Andriot Wood

13. The children with special health care needs (CSHCN) contact person:

Name Gloria Rodriguez

Title Assistant Commissioner
Address PO Box 364
City Trenton
State NJ
Zip 08625-0364
Phone (609) 292-4043
Fax (609) 292-9599
Email Celeste.Andriot-Wood@doh.state.nj.us
Web <http://www.state.nj.us/health/fhs/index.shtml>

Title Service Director of Special Child Health & Early Interve
Address PO Box 364
City Trenton
State NJ
Zip 08625-0364
Phone (609) 292-4043
Fax (609) 292-9599
Email Gloria.Rodriquez@doh.state.nj.us
Web <http://www.state.nj.us/health/fhs/sch/index.shtml>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_Most significant providers receiving MCH funds

Field Name: ProviderFund1

Row Name:

Column Name:

Year: 2010

Field Note:

More information about the MCH Consortia is available at <http://www.state.nj.us/health/fhs/professional/mchfact.shtml> .

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NJ

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	99.6	100.0	100.0	100.0	100.0
Numerator	111,583	110,905	110,634	112,406	108,791
Denominator	112,051	110,905	110,634	112,406	108,791
Data Source					Newborn Screening Program
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><small>(Explain data in a year note. See Guidance, Appendix IX.)</small></p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Source: Newborn Biochemical Screening Program - The number of initial newborn biochemical screenings as reported by the state's Inborn Errors of Metabolism laboratory.

All newborns with confirmed biochemical disorders receive appropriate follow-up as detailed on Form 6.

See attachment to PM #1 Screens and Confirmed Cases by Individual Disorder, SFY 2007

Final 2007 data will be available in 2009.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Newborn Biochemical Screening Program - The number of initial newborn biochemical screenings as reported by the state's Inborn Errors of Metabolism laboratory.

All newborns with confirmed biochemical disorders receive appropriate follow-up as detailed on Form 6.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	59	60	61	62	56
Annual Indicator	57.7	57.7	57.7	55.4	55.4
Numerator					
Denominator					
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	57	58	59	60	61
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, a numerator and denominator is not available.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with 2002 state estimates from the SLAITS Survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	54	55	56	57	42
Annual Indicator	52	52	52	40.8	40.8
Numerator					
Denominator					
Data Source					CSHCN Surevy

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	43	44	45	46	47
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated by the CDC with 2002 state estimates from the SLAITS Survey.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	63	63	64	64	61
Annual Indicator	62.1	62.1	62.1	59.9	59.9
Numerator					
Denominator					
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	62	63	64	65	66
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with 2002 state estimates from the SLAITS Survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	77	78	79	80	88
Annual Indicator	75.9	75.9	75.9	88	88
Numerator					
Denominator					
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	91	91	91
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with 2002 state estimates from the SLAITS Survey.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	7	8	10	12	40
Annual Indicator	5.8	5.8	5.8	37.9	37.9
Numerator					
Denominator					
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	41	42	43	44	45
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. A numerator and denominator are not available.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with 2002 state estimates from the SLAITS Survey.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	76	79	82	83	83
Annual Indicator	82.7	78.2	78.8	82.3	82.3
Numerator					
Denominator					
Data Source					NIS, CDC
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	84	84	85	85	86
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from the 2007 National Immunization Survey is entered as provisional data for 2008.

Final 2008 data will be available from the CDC in 2010.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is from the National Immunization Survey, (Q1/2007-Q4/2007) from the CDC. The data is reported as 82.3 ± 6.2

http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm

No numerators or denominators are available.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is from the National Immunization Survey at the CDC. The data is reported as 78.8 ± 6.1

http://www.cdc.gov/vaccines/stats-surv/nis/tables/06/tab02_antigen_iap.xls

No numerators or denominators are available.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	16	12.5	12.4	12.3	12.2
Annual Indicator	12.5	12.3	12.1	12.4	9.7
Numerator	2,216	2,216	2,184	2,233	1,755
Denominator	176,780	179,456	180,484	180,103	180,103

Data Source

BC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12	11.8	11.6	11.4	11.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Source: Provisional Electronic Birth Certificate file as of 5/19/2009.

Denominator from <http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/NJ07single.xls>

Final 2008 data will be available in 2010.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Source: Electronic Birth Certificate file as of 5/19/2009.

Denominator from <http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/NJ07single.xls>

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Electronic Birth Certificate file as of 5/19/2009.

Denominator from <http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/NJ07single.xls>

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	43	44	44	45	45
Annual Indicator	40	40	42	42	46
Numerator					
Denominator					
Data Source					Dental Sealant Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	46	46	47	47	48
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008-2009 oral health survey of third grade children in a sample of elementary schools found that 46% of students had a dental sealant on a permanent molar back tooth.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

During the 2006-2007 dental sealant survey, two additional parent/guardian recall questions were asked as follows: "Has your child ever had a cavity?" Data revealed that 52% of third grade students had a cavity during their lifetime. The other question asked, "Did your child have a dental checkup in the last year?" Data revealed that 87% of third grade students had a dental checkup during the last year.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is based on the NJ Dental Sealant Survey conducted during the 2006-2007 school year which gave a provisional statewide estimate of 42% of third grade students with sealants.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.7	1.6	1.6	1.5	1.3
Annual Indicator	1.6	1.3	1.3	1.2	1.2
Numerator	28	23	23	21	21
Denominator	1,788,012	1,737,386	1,737,386	1,709,703	1,709,703
Data Source					CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.2	1.2	1.2	1.1	1.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Most recent data available (2006) from the CDC is provided as an estimate for 2008

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

Most recent data available (2006) from the CDC is provided as an estimate for 2007

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Data source - CDC National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/wisqars/>

All Races, Both Sexes, Ages 0 to 14

ICD-10 Codes: V02-V04,V09.0,V09.2,V12-V14,V19.0-V19.2,V19.4 V19.6,V20-V79, V80.3-V80.5,V81.0-V81.1,V82.0-V82.1,V83-V86,V87.0-V87.8, V88.0-V88.8,V89.0,V89.2,X82,Y03,Y32

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			30	42	46
Annual Indicator		29	37.3	37.3	37.3
Numerator					
Denominator					
Data Source					NIS, CDC.

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	38	39	40	41	42
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

2005 data entered for provisional 2008 data.

Source: National Immunization Survey, CDC.

Final 2008 data may be available from the CDC in 2011.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Source: National Immunization Survey, 2005 Births, Centers for Disease Control and Prevention, US Department of Health and Human Services
http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state_any.htm

New Jersey 37.3±7.4

Final 2007 data may be available from the CDC in 2010.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Source: National Immunization Survey, 2005 Births, Centers for Disease Control and Prevention, US Department of Health and Human Services
http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state_any.htm

New Jersey 37.3±7.4

Final 2006 data may be available from the CDC in 2009.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99.2
Annual Indicator	98.8	98.8	99.2	99.2	99.6
Numerator	109,060	108,561	109,181	111,027	107,740
Denominator	110,401	109,902	110,054	111,876	108,168
Data Source					Newborn Hearing Screening Program
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	99.6	99.6	99.6	99.6	99.6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Newborn Hearing Screening Program based on the EBC (as of 4/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

Final 2008 data will be available in 2010.

2. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data from the Newborn Hearing Screening Program based on the EBC which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. **Section Number:** Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final 2006 data from the Newborn Hearing Screening Program based on the EBC (as of 6/2008) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	10	9.5	9	10	12
Annual Indicator	11.7	11.3	13.6	13	13
Numerator	269,256	258,536			
Denominator	2,299,330	2,292,031			
Data Source					CPS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10	9	9	8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2007 is entered as an estimate for 2008.

Final 2008 data will be available in Spring 2010.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: the Annual Social and Economic Supplement (ASEC) of the Current population Survey (CPS), which is conducted by the Bureau of the Census for the Bureau of Labor Statistics. The age group is children 0-18 years old.
http://www.state.nj.us/health/chs/documents/hic00_07.pdf
 % uninsured is 13.0 with a numerator of 288,300

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: the Annual Social and Economic Supplement (ASEC) of the Current population Survey (CPS), which is conducted by the Bureau of the Census for the Bureau of Labor Statistics. The age group is children 0-18 years old.
http://www.state.nj.us/health/chs/documents/hic00_07.pdf
 % uninsured is 13.6 with a numerator of 299,274

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			39	40	39
Annual Indicator		39.8	39.1	35.6	35.4
Numerator		60,981	61,327		
Denominator		153,155	157,001		
Data Source					WIC PedNSS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	35	34	34	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Source: 2007 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Source: 2007 Pediatric Nutrition Surveillance report for New Jersey, Table 12C. Provided by the NJ WIC Program as compiled by the CDC (see http://www.cdc.gov/pednss/what_is/pednss/index.htm)

Historical data that could not be edited.

% WIC Children 2-5 with BMI >=85%

2006 35.6

2005 35.4

2004 34.5

2003 34.9

2002 33.9

2001 33.0

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Data from the 2006 WIC Pediatric Nutrition Surveillance System
Table 12C

2002 - 33.9%

2003 - 34.9%

2004 - 34.5%

2005 - 35.4%

2006 - 35.6%

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			8	8	7.8
Annual Indicator		8.1	8.1	6.2	6.2
Numerator					
Denominator					
Data Source					NJ PRAMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	5.8	5.6	5.4	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 NJ PRAMS data entered as provisional estimate for 2008. Final 2008 data will be available in 2010.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of data is the NJ PRAMS survey as queried on the CDC PRAMS Ponder system.

Indicator is reported as 6.2% (CI 5.3% - 7.2%).

See NJ PRAMS website (<http://www.state.nj.us/health/fhs/professional/prams.shtml>) for briefs on maternal smoking.

Historical data for PM #15

2006 5.7%

2005 6.7%

2004 7.9%

2003 7.9%

2002 9.0%

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is estimated from the NJ PRAMS 2002-2004 sample.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	2.9	2.8	4.2
Annual Indicator	5.6	4.4	4.4	3.7	3.7
Numerator	33	26	26	22	22
Denominator	587,620	585,572	588,624	588,624	588,624

Data Source

WISQARS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.7	3.6	3.3	3	3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

2007 data entered as provisional estimate for 2008 data. Final 2008 data will be available from the CDC in 2010.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Source: WISQARS Injury Mortality Reports online at http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Provisional 2006 data estimated from final 2005 data. Final 2006 data may be available from NCHS in Spring 2009.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	88	85	85	80	80
Annual Indicator	83.9	80.5	77.6	76.7	82.6
Numerator	1,438	1,398	1,379	1,315	1,446
Denominator	1,713	1,737	1,776	1,714	1,751

Data Source

EBC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	83	83	83	84	84

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Electronic Birth Certificate file as of 5/6/2009. Final 2008 data may be available in Spring 2011.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data from the Electronic Birth Certificate file as of 5/6/2009.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Provisional 2006 data from the Electronic Birth Certificate file as of 6/15/2008. Final 2006 data may be available in Spring 2009.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	79	79	79	79.2	79.2
Annual Indicator	78.6	77.9	77.1	76.6	78.4
Numerator	88,136	86,278	86,158	86,363	85,891
Denominator	112,117	110,697	111,727	112,715	109,539

Data Source

EBC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	79.4	79.6	79.8	80	80.2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: 2008 provisional data from the Electronic Birth Certificate file as of 5/6/2009. Final data will be available in 2011.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: 2007 provisional data from the Electronic Birth Certificate file as of 5/6/2009. Final data will be available in 2010.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2006 provisional data from the Electronic Birth Certificate file as of 5/17/2008. Final data will be available in 2009.

STATE PERFORMANCE MEASURE # 1

The percentage of Black non-Hispanic preterm infants in New Jersey

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	13.2	13.2	13.1	13	13
Annual Indicator	11.6	11.5	12.1	11.3	11.0
Numerator	1,912	1,866	2,039	1,945	1,861
Denominator	16,447	16,221	16,864	17,256	16,858
Data Source					EBC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	13	13	12	12	11.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Electronic Birth Certificate file as of 5/6/2008. Final 2008 data will be available in 2011.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data from the Electronic Birth Certificate file as of 5/6/2009.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data from the Electronic Birth Certificate file as of 5/6/2009.

STATE PERFORMANCE MEASURE # 2

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	6	6	6	6	6
Denominator	6	6	6	6	6
Data Source					Maternal Child & Community Health Service Unit
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Maternal Child & Community Health Service Unit

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Maternal Child & Community Health Service Unit

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Maternal Child & Community Health Service Unit

STATE PERFORMANCE MEASURE # 3

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0.4	0.3	0.3	0.2	0.2
Annual Indicator	0.3	0.4	0.3	0.2	0.2
Numerator	543	628	450	350	273
Denominator	167,018	173,141	179,158	161,776	174,647
Data Source					Childhood Lead Prevention Program Database
Is the Data Provisional or Final?				Final	Provisional
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	0.2	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2008

Field Note:

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for Federal Fiscal Year 2008. Final 2008 data will be available in Spring 2010.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2007

Field Note:

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for Federal Fiscal Year 2007.

3. Section Number: Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Childhood Lead Prevention Program Database, MCCH, FHS.
for calendar year.

STATE PERFORMANCE MEASURE # 4

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	5.8	5.7	5.6	5.5
Annual Indicator	5.8	5.9	6.3	5.7	6.1
Numerator	404	408	448	411	426
Denominator	6,917	6,865	7,139	7,258	6,973
Data Source					EBC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.4	5.4	5.3	5.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Provisional 2008 data from the Electronic Birth Certificate file as of 5/6/2009. Final 2008 data will be available in Spring 2010.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional 2007 data from the Electronic Birth Certificate file as of 5/6/2009.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data from the Electronic Birth Certificate file as of 5/7/2008.

STATE PERFORMANCE MEASURE # 5

The percentage of State supported initiatives implemented for improving the nutrition and physical activity of children and adolescents

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	7	12	12	12	12
Denominator	7	12	12	12	12
Data Source					Source: Child & Adolescent Health Programs
Is the Data Provisional or Final?	Final				Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Child & Adolescent Health Programs, FHS.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Child & Adolescent Health Programs, FHS.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Child & Adolescent Health Programs, FHS.

STATE PERFORMANCE MEASURE # 6

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	87	87	88	88	89
Annual Indicator	86.6	88.8	88.8	89.9	89.9
Numerator	1,289	1,359	1,359	1,466	1,466
Denominator	1,488	1,531	1,531	1,630	1,630
Data Source					NJ Birth Defects Registry
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	90	90	91	92	92
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Provisional 2007 NJ Birth Defects Registry entered as an estimate for 2008 data. Final 2008 data will be available in 2010.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Provisional NJ Birth Defects Registry. Final data is pending further hospital medical cahrt audits.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: NJ Birth Defects Registry.

STATE PERFORMANCE MEASURE # 7

Percent of children reported to the NJ Birth Defects Registry by three months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			80	80	80
Annual Indicator	60.2	63.6	59.9	60.7	52.8
Numerator	3,421	3,385	3,703	3,649	3,037
Denominator	5,687	5,320	6,177	6,007	5,750
Data Source					NJ Birth Defects Registry
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 entered as estimate pending verification of completeness of 2008 data file. Final 2008 data will be available in 2010.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 entered as estimate pending verification of completeness of 2007 data file. Final 2007 data will be available in 2009.

STATE PERFORMANCE MEASURE # 8

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	73	74	75	76	77
Annual Indicator	91.7	82.9	97.0	97.0	97.0
Numerator	176	136	128	128	128
Denominator	192	164	132	132	132
Data Source					Division HIV/AIDS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>77</u>	<u>78</u>	<u>78</u>	<u>78</u>	<u>79</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is not currently available (may be available Fall 2010). Data for 2006 entered as provisional 2008 data.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 is not currently available (may be available Fall 2009). Data for 2006 entered as provisional 2007 data.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NJ

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.9	5.8	5.8	5.7
Annual Indicator	5.7	5.3	5.2	5.2	5.2
Numerator	651	595	595	595	595
Denominator	114,443	112,851	114,443	114,443	114,443
Data Source					NCHS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.6	5.5	5.4	5.3	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered into 2008 as a required estimate. Final 2008 data may be available in 2011.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered into 2007 as a required estimate. Final 2007 data may be available in 2011.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Final data for 2006 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered into 2006 as a required estimate. Final 2006 data may be available in 2010.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.4	2.3	2.3	2.2	2.2
Annual Indicator	2.8	2.8	2.8	2.8	2.8
Numerator	11.6	11.6	11	11	11
Denominator	4.2	4.2	4	4	4

Data Source

NCHS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.1	2.1	2	2	2

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 5/6/2009. Provisional data from 2005 is entered into 2008. Final 2008 data may not be available until Fall 2011.

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 5/6/2009. Data from 2005 is entered into 2007. Final 2007 data may not be available until Fall 2010.

3. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Final data for 2006 is not available as of 5/6/2009. Data from 2005 is entered into 2006. Final 2006 data may not be available until Fall 2009.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	4	3.9	3.9	3.8	3.8
Annual Indicator	4.0	4.0	3.5	3.5	3.5
Numerator	454	454	395	395	395
Denominator	113,651	113,651	114,443	114,443	114,443

Data Source

NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.7	3.6	3.6	3.5	3.4

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Final data for 2008 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate for 2008. Final 2008 data may be available in Fall 2011.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Final data for 2007 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate for 2007. Final 2007 data may be available in Fall 2010.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final data for 2006 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate for 2006. Final 2006 data may be available in Fall 2009.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	1.7	1.7	1.6
Annual Indicator	1.6	1.6	1.7	1.7	1.7
Numerator	178	178	198	198	198
Denominator	113,651	113,651	114,443	114,443	114,443

Data Source

NCHS, CDC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.5	1.5	1.5	1.4

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 5/6/2009 from the NCHS. Provisional data from 2005 is entered into 2008. Final 2008 data may be available in Fall 2011.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 5/6/2009 from the NCHS. Provisional data from 2005 is entered into 2007. Final 2007 data may be available in Fall 2010.

3. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

Final data for 2006 is not available as of 5/6/2009 from the NCHS. Provisional data from 2005 is entered into 2006. Final 2006 data may be available in Fall 2009.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.9	5.8	5.8	5.7
Annual Indicator	6.1	6.1	8.0	8.0	8.0
Numerator	698	698	909	909	909
Denominator	114,349	114,349	113,966	113,966	113,966

Data Source

NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.9	7.8	7.7	7.6	7.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Final data for 2008 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate into 2008. Final 2008 data may be available in Fall 2011.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Final data for 2007 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate into 2007. Final 2007 data may be available in Fall 2010.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Final data for 2006 is not available as of 5/6/2009 from the NCHS. Data from 2005 is entered as a provisional estimate into 2006. Final 2006 data may be available in Fall 2009.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	13.5	13	13	13	12.5
Annual Indicator	13.6	14.0	12.3	12.4	12.4
Numerator	228	234	197	197	197
Denominator	1,672,466	1,672,466	1,600,868	1,582,944	1,582,944

Data Source

NCHS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	12.5	12.5	12.4	12.4	12.3

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Final data from 2006 is not available as of 5/6/2009.

Data from 2005 is entered as a required estimate for 2007.

Final data from 2007 may be available in 2011.

Denominator Source: Population Division, US Census Bureau, May 1, 2008.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Final data from 2006 is not available as of 5/6/2009.

Data from 2005 is entered as a required estimate for 2006.

Final data from 2006 may be available in 2010.

Denominator Source: Population Division, US Census Bureau, May 1, 2008.

STATE OUTCOME MEASURE # 1

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			7	7	6.9
Annual Indicator	6.4	6.4	6.1	6.1	6.1
Numerator	742	742	703	703	703
Denominator	115,185	115,185	114,355	114,355	114,355
Data Source					NCHS
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	6.5	6.3	6.1	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Final data for 2008 is not available as of 5/6/2009. Data from 2005 is entered into 2008 as a required estimate. Final 2008 data may be available in 2012.

2. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Final data for 2007 is not available as of 5/6/2009. Data from 2005 is entered into 2007 as a required estimate. Final 2007 data may be available in 2011.

3. **Section Number:** Form12_State Outcome Measure 1

Field Name: SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Final data for 2006 is not available as of 5/6/2009. Data from 2005 is entered into 2006 as a required estimate. Final 2006 data may be available in 2010.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NJ

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

2

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NJ FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduction of Adolescent Risk Taking Behaviors
2. Reducing Black Infant Mortality
3. Reducing Teen Pregnancy
4. Increasing Healthy Births
5. Improving Nutrition and Physical Fitness
6. Decreasing Asthma Hospitalizations in Children
7. Improving & Integrating Information Systems
8. Improve Access to Quality of Care for CSHCN
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NJ

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Assistance in developing topic specific briefs on issues involving the MCH Block Grant Performance Measures and the PRAMS Survey.	Involving outside experts and professional writers in the development of topic specific reports will improve the capacity of the State to communicate and address prioritized MCH needs.	AMCHP, March of Dimes, American Academy of Pediatrics, ACOG, and other MCH organizations.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NJ

SP # 1

PERFORMANCE MEASURE:

The percentage of Black non-Hispanic preterm infants in New Jersey

STATUS:

Active

GOAL

Decrease the rate of Black non-Hispanic preterm births.

DEFINITION

A preterm birth is defined as any newborn whose birth occurs through the end of the last day of the 37th week (259th day) following the onset of the last menstrual period.

Numerator:

Number of Black non-Hispanic preterm births (less than 259 days from the onset of the last menstrual period) in New Jersey.

Denominator:

Number of Black non-Hispanic live births in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital statistics collects the date of the last menstrual period and gestational age routinely on the electronic birth certificate.

SIGNIFICANCE

Preterm births are a primary determinant of Black infant mortality. Infant who are born preterm are at the highest risk for infant mortality and morbidity.

SP # 2

PERFORMANCE MEASURE:

The percentage of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams.

STATUS:

Active

GOAL

To enhance the health and well-being of women, infants, and their families in New Jersey by improving the community resources and services delivery systems available to them.

DEFINITION

Fetal and Infant Mortality Reviews will be established in select communities in New Jersey through the Maternal and Child Health Consortia. This system of reviews will be consistent with the guidelines published by the Maternal and Child Health Bureau as developed by the MCH Bureau/ACOG National Fetal and Infant Mortality Review Program. A tool to describe the results of the reviews is being developed.

Numerator:

The number of Maternal and Child Health Consortia in New Jersey with community-based Fetal and Infant Mortality Review (FIMR) Teams.

Denominator:

The total number of Maternal and Child Health Consortia (during 2003 there were 7 MCH Consortia, as of 1/2004 there are 6).

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The number of Regional MCH Consortia implementing community-based Fetal and Infant Mortality Review (FIMR) Teams is reported by the Maternal Child and Community Health (MCCH) Service Unit in the NJDHSS. MCCH is developing a summary report of NJ FIMR projects.

SIGNIFICANCE

Increasing the understanding of the circumstances and factors associated with fetal and infant deaths advances the ability to assess needs, improve the social and health care delivery system, target resources, and develop policies for women, infants, and their families in specific locations.

SP # 3

PERFORMANCE MEASURE:

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

STATUS:

Active

GOAL

Decrease the percentage of children with elevated blood lead levels.

DEFINITION

The percentage of children with elevated blood lead levels (≥ 20 ug/dL).

Numerator:

The number of children with elevated blood lead levels (≥ 20 ug/dL).

Denominator:

The number of children reported tested for blood lead in New Jersey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Jersey's Childhood Lead Data Reporting and Tracking System starting in FY 1999. Prior years data based on reports from local health departments participating in NJDHSS childhood lead poisoning surveillance system.

SIGNIFICANCE

Children with elevated blood lead levels are at increased risk for behavioral, physiological and learning problems.

SP # 4

PERFORMANCE MEASURE:

The percentage of repeat pregnancies among adolescents 15 - 19 years of age.

STATUS:

Active

GOAL

Reduce the number of repeat pregnancies/births among adolescents 15-19 years of age.

DEFINITION

Percentage of repeat pregnancies among adolescents 15 - 19 years of age.

Numerator:

Number of repeat pregnancies/births to adolescents 15-19 years of age.

Denominator:

Number of pregnancies/births to adolescents 15-19 years of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Electronic Birth Certificate which reports previous pregnancies, adolescent parenting program data set.

SIGNIFICANCE

Teen parenting is associated with low academic achievement, poverty, and single parenthood, teen parents are also more likely to have another child within 2 years often leading to increased hardship and economic dependency.

SP # 5

PERFORMANCE MEASURE:

The percentage of State supported initiatives implemented for improving the nutrition and physical activity of children and adolescents

STATUS:

Active

GOAL

Improve the nutritional status and physical fitness of children and adolescents through the development of a strategic plan facilitating the integration of nutritional services into all aspects of child and adolescent health activities.

DEFINITION

The percentage implementation of activities from the state plan to improve the nutritional and physical fitness of children and adolescents.

Numerator:

Activities of the state strategic plan that has been implemented.

Denominator:

Total activities in the state strategic plan for nutrition and physical fitness for children and adolescents.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Child and Adolescent Health Program in the Division of Family Health Services of the NJDHSS will report the total number of activities in the state strategic plan and will report annually the number of activities implemented from the state strategic plan.

SIGNIFICANCE

Healthy eating patterns in childhood and adolescence promote optimal health, growth, and intellectual development. About 50% of adult body weight and 15% of adult body height and 45% of adult skeletal mass are gained through adolescence. There are strong links between diet and physical activity and the prevention of heart disease, stroke, certain types of cancer and osteoporosis.

SP # 6

PERFORMANCE MEASURE:

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

STATUS:

Active

GOAL

To improve the compliance with mandated reporting of children with birth defects to the Special Child Health Services (SCHS) Registry.

DEFINITION

The percentage of children with birth defects who are appropriately reported to the New Jersey Birth Defects Registry.

Numerator:

The number of children with birth defects reported to the SCHS Registry.

Denominator:

The total number of children with birth defects, reported by existing agencies/professions and those identified through an audit of maternity and pediatric facilities.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual audits are conducted at all maternity hospitals and facilities with pediatric beds. Through the audit, it is possible to determine the number of children born during a specified time period who were reported appropriately by the facility, as well as the number of children who were missed.

SIGNIFICANCE

Birth defects affect 3-4% of newborns. Accurate information on their occurrence affects surveillance, service delivery, needs assessments, planning efforts, as well as other public health functions.

SP # 7

PERFORMANCE MEASURE:

Percent of children reported to the NJ Birth Defects Registry by three months of age.

STATUS:

Active

GOAL

To improve information regarding birth defects

DEFINITION

Percent of children reported to the NJ Birth Defects Registry by three months of age.

Numerator:

The number of children reported to the NJ Birth Defects Registry by three months of age.

Denominator:

The number of children reported to the NJ Birth Defects Registry.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Reported by Special Child Adult and Early Intervention Services (SCAEIS) in the Division of Family Health Services in NJDHSS.

SIGNIFICANCE

The cause of 40-60% of birth defects is unknown. Participation in this national study will yield detailed information on potential risk factors for selected defects. Eight centers will be completing interviews which can be pooled for detailed analysis. It is hoped that information from this survey will aid in the development and implementation of appropriate prevention activities.

SP # 8

PERFORMANCE MEASURE:

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

STATUS:

Active

GOAL

To reduce the perinatal transmission of HIV infection for newborns in New Jersey. To improve the use of antiviral treatment to reduce the perinatal transmission of HIV.

DEFINITION

The percentage of HIV exposed newborns receiving appropriate antiviral treatment to reduce the perinatal transmission of HIV.

Numerator:

The number of HIV exposed newborns born in a given year who are reported to have received appropriate prenatal, perinatal, and/or neonatal antiviral treatment.

Denominator:

The number of HIV exposed newborns born in a given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Annual newborn HIV seroprevalence, pediatric surveillance, and mother-child linkage studies conducted by the New Jersey Division of AIDS Prevention and Control.

SIGNIFICANCE

Early identification and AZT treatment of pregnant women identified as HIV infected has proven to significantly reduce perinatal transmission among their infants. Since the HIV virus causes a devastating illness resulting in death, any public health effort which could prevent infection should be aggressively implemented.

SO # 1

OUTCOME MEASURE:

The Fetal Mortality Rate per 1,000 live births plus fetal deaths

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

fetal mortality ratio

Numerator:

Number of fetal deaths (20 or more weeks of gestation)

Denominator:

Number of live births plus fetal deaths (20 or more weeks of gestation)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the fetus and the health status and treatment of the pregnant mother.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NJ

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	54.4	47.7	50.2	49.2	43.5
Numerator	3,138	2,687	2,801	2,741	2,424
Denominator	577,339	563,900	557,980	556,673	557,421

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator of 2008 from Population Division, US Census Bureau, <http://www.census.gov/popest/states/asrh/tables/SC-EST2008-01.xls>

Final 2008 data will be available in 2011.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator of 2007 from Population Division, US Census Bureau, May 1, 2008.

Final 2007 data will be available in 2010.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Source: 2006 Hospital Discharge Records from the New Jersey DHSS Health Care Financing Systems.

Hospital discharge records count unique hospital stays for children not unique children hospitalized.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>94.7</u>	<u>94.7</u>	<u>0.0</u>	<u>90.5</u>	<u>92.0</u>
Numerator	<u>35,668</u>	<u>35,668</u>	<u>0</u>	<u>36,166</u>	<u>36,639</u>
Denominator	<u>37,646</u>	<u>37,646</u>	<u>56,371</u>	<u>39,971</u>	<u>39,805</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2009.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 3/17/2008.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 3/15/2007.

Numerator: 56,371

Denominator: 39,762

Numerator exceeds denominator due to multiple screens reported for the same individual under 1 year of age.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>90.5</u>	<u>92.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>36,166</u>	<u>36,639</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>39,971</u>	<u>39,805</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data for HSCI #3 is currently not available. An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the Annual EPSDT Participant Report. The estimate for 2008 is $36,639 / 39,805 = 92\%$.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data for HSCI #3 is currently not available. An estimate of the indicator using the percentage of periodic screenings for all New Jersey FamilyCare enrollees under age 1 is available from the Annual EPSDT Participant Report. The estimate for 2007 is $36,166 / 39,971 = 90.5\%$.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Data for HSCI #3 is currently not available.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>65.2</u>	<u>65.3</u>	<u>65.0</u>	<u>65.8</u>	<u>64.8</u>
Numerator	<u>72,865</u>	<u>72,085</u>	<u>72,675</u>	<u>72,506</u>	<u>70,714</u>
Denominator	<u>111,749</u>	<u>110,364</u>	<u>111,727</u>	<u>110,168</u>	<u>109,198</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Source provisional 2008 Electronic Birth Certificate file.

HSCI #04 - 2008 provisional data is for percent of NEWBORNS

Final 2008 data will be available in 2010.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Source: 2007 Electronic Birth Certificate file.

HSCI #04 - 2007 data is for percent of NEWBORNS

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Source 2006 Electronic Birth Certificate file.

HSCI #04 - 2006 data is for percent of NEWBORNS

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>97.5</u>	<u>57.7</u>	<u>59.4</u>	<u>61.8</u>	<u>56.0</u>
Numerator	<u>181,724</u>	<u>290,478</u>	<u>317,312</u>	<u>335,797</u>	<u>338,979</u>
Denominator	<u>186,477</u>	<u>503,008</u>	<u>534,469</u>	<u>542,985</u>	<u>605,041</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 4/2/2009.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 3/17/2008.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program. A report that documents Medicaid eligibles receiving a service paid by the Medicaid Program has been requested but is not available from DHS. Monthly enrollments are available at their website http://www.state.nj.us/humanservices/dmahs/enrollment_reports.html

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services dated 3/15/2007.

Numerator reports eligibles (0-21 yrs) receiving at least one initial or periodic screen which is an under estimation of Medicaid eligibles receiving a service paid by the Medicaid Program.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>33.9</u>	<u>33.3</u>	<u>39.9</u>	<u>43.7</u>	<u>44.6</u>
Numerator	<u>31,823</u>	<u>36,065</u>	<u>41,222</u>	<u>51,042</u>	<u>53,714</u>
Denominator	<u>93,858</u>	<u>108,419</u>	<u>103,251</u>	<u>116,822</u>	<u>120,383</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services

2008 report dated 4/2/2009.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services

2007 report dated 3/17/2008.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Form CMS-416: ANNUAL EPSDT PARTICIPATION REPORT from the NJ Department of Human Services

2006 report dated 3/15/2007.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>62.5</u>	<u>60.0</u>	<u>60.0</u>	<u>58.4</u>	<u>59.7</u>
Numerator	<u>5,000</u>	<u>4,800</u>	<u>4,500</u>	<u>4,500</u>	<u>4,600</u>
Denominator	<u>8,000</u>	<u>8,000</u>	<u>7,500</u>	<u>7,700</u>	<u>7,700</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

Estimated by SCHEIS from monthly SSI reports. Final 2008 data will be available in 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Estimated by SCHEIS from monthly SSI reports.

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Estimated by SCHEIS from monthly SSI reports.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NJ

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2005	Payment source from birth certificate	<u>8.7</u>	<u>7.9</u>	<u>7.9</u>
b) <i>Infant deaths per 1,000 live births</i>	2004	Matching data files	<u>7.6</u>	<u>6.5</u>	<u>6.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2005	Payment source from birth certificate	<u>59.2</u>	<u>84.5</u>	<u>75.1</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2005	Payment source from birth certificate	<u>45.9</u>	<u>71</u>	<u>62.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NJ

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	133
c) <i>Pregnant Women</i>	2008	200

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NJ

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	350
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	350
c) <i>Pregnant Women</i>	2008	350

FORM NOTES FOR FORM 18

Medicaid/SCHIP eligibility guidelines are summarized at
<http://www.njfamilycare.org/pages/whatItCosts.html>

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
Data is from a file created by the MCH Epdeimiology Program by matching the Electronic Birth Certificate file to the official Birth Certificate file. Most recent year available is 2005. Calculated rates/percents may not match rates/percents from the official Birth Certificate files due to missing and unknown insurance type.
2. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
Data estimate for 2004 is from a file created by the MCH Epdeimiology Program by matching the Electronic Birth Certificate file to the Hospital Discharge files and Infant Death Certificate files. Most recent year available is 2003. Calculated rates/percents may not match rates/percents from the official Infant Death Certificate files.
3. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
Data is from a file created by the MCH Epdeimiology Program by matching the Electronic Birth Certificate file to the official Birth Certificate file. Most recent year available is 2005. Calculated rates/percents may not match rates/percents from the official Birth Certificate files due to missing and unknown insurance type.
4. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
Data is from a file created by the MCH Epdeimiology Program by matching the Electronic Birth Certificate file to the official Birth Certificate file. Most recent year available is 2005. Calculated rates/percents may not match rates/percents from the official Birth Certificate files due to missing and unknown insurance type.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NJ

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NJ

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: New Jersey Youth Tobacco Survey	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2010
Field Note:
YRBS data is available from the CDC at <http://apps.nccd.cdc.gov/yrbss/>

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NJ

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
			2006	2007	
Annual Indicator	8.2	8.2	8.5	8.4	8.4
Numerator	9,182	9,045	9,494	9,494	9,233
Denominator	112,117	110,697	111,727	112,715	109,539

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Source of provisional 2008 data is the 2008 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2008 data will be available in 2010.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Source of 2006 data is the 2006 Electronic Birth Certificate file (as of 5/7/2008).

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.9</u>	<u>6.0</u>	<u>6.2</u>	<u>6.2</u>	<u>6.1</u>
Numerator	<u>6,307</u>	<u>6,333</u>	<u>6,574</u>	<u>6,624</u>	<u>6,402</u>
Denominator	<u>107,106</u>	<u>105,966</u>	<u>106,735</u>	<u>107,700</u>	<u>104,603</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of provisional 2008 data is the 2008 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2008 data will be available in 2010.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of 2006 data is the 2006 Electronic Birth Certificate file (as of 5/7/2008).

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.5</u>	<u>1.6</u>	<u>1.6</u>	<u>1.5</u>	<u>1.6</u>
Numerator	<u>1,714</u>	<u>1,739</u>	<u>1,776</u>	<u>1,714</u>	<u>1,751</u>
Denominator	<u>112,117</u>	<u>110,697</u>	<u>111,727</u>	<u>112,715</u>	<u>109,539</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of provisional 2008 data is the 2008 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2008 data will be available in 2010.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of 2006 data is the 2006 Electronic Birth Certificate file (as of 5/7/2008).

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.1</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>	<u>1.1</u>
Numerator	<u>1,181</u>	<u>1,232</u>	<u>1,201</u>	<u>1,177</u>	<u>1,191</u>
Denominator	<u>107,106</u>	<u>105,966</u>	<u>106,735</u>	<u>107,700</u>	<u>104,603</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source of provisional 2008 data is the 2008 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ. Final 2008 data will be available in 2010.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source of 2007 data is the 2007 Electronic Birth Certificate file (as of 5/6/2009) which includes births in NJ to out-of-state residents and does not include births to NJ residents outside of NJ.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source of 2006 data is the 2006 Electronic Birth Certificate file (as of 5/7/2008).

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>3.5</u>	<u>3.7</u>	<u>3.3</u>	<u>3.3</u>	<u>3.3</u>
Numerator	<u>62</u>	<u>65</u>	<u>56</u>	<u>56</u>	<u>56</u>
Denominator	<u>1,788,012</u>	<u>1,737,386</u>	<u>1,709,703</u>	<u>1,709,703</u>	<u>1,709,703</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2006 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data for 2007 is not yet available from the CDC.

2006 data is provided as a required estimate for 2007. Final 2007 data may be available in Fall 2010.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. From the WISQARS website http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.6</u>	<u>1.3</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>
Numerator	<u>28</u>	<u>23</u>	<u>21</u>	<u>21</u>	<u>21</u>
Denominator	<u>1,788,012</u>	<u>1,737,386</u>	<u>1,709,703</u>	<u>1,709,703</u>	<u>1,709,703</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2006 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data for 2007 is not yet available from the CDC.

2006 data is provided as a required estimate for 2007. Final 2007 data may be available in Fall 2010.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. From the WISQARS website http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>14.8</u>	<u>15.2</u>	<u>16.4</u>	<u>16.4</u>	<u>16.4</u>
Numerator	<u>159</u>	<u>170</u>	<u>185</u>	<u>185</u>	<u>185</u>
Denominator	<u>1,074,519</u>	<u>1,115,520</u>	<u>1,125,137</u>	<u>1,125,137</u>	<u>1,125,137</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is not yet available from the CDC.

2006 data is provided as a required estimate for 2008. Final 2008 data may be available in Fall 2011.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data for 2007 is not yet available from the CDC.

2006 data is provided as a required estimate for 2007. Final 2007 data may be available in Fall 2010.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. From the WISQARS website http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html .

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>379.7</u>	<u>186.2</u>	<u>176.5</u>	<u>176.5</u>	<u>176.5</u>
Numerator	<u>6,691</u>	<u>3,272</u>	<u>3,031</u>	<u>3,031</u>	<u>3,031</u>
Denominator	<u>1,762,316</u>	<u>1,757,198</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2006 data entered as required estimate for 2008. Final 2008 data may not be available until Fall 2010.

2. Section Number: Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2007**Field Note:**

2006 data entered as required estimate for 2007. Final 2007 data may not be available until Fall 2009.

3. Section Number: Form20_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2006 Hospital Discharge (UB) records excluding records with BillType = 131 (same day stays). Primary discharge diagnosis 800-995.

Denominator Source: Population Division, US Census Bureau, May 17, 2007.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>35.5</u>	<u>26.9</u>	<u>25.2</u>	<u>25.2</u>	<u>25.2</u>
Numerator	<u>626</u>	<u>473</u>	<u>433</u>	<u>433</u>	<u>433</u>
Denominator	<u>1,762,316</u>	<u>1,757,198</u>	<u>1,716,883</u>	<u>1,716,883</u>	<u>1,716,883</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as required provisional estimate for 2007. Final data for 2007 may be available in Fall 2009.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2006 data entered as required provisional estimate for 2007. Final data for 2007 may be available in Fall 2009.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Source: 2006 Hospital Discharge (UB) records excluding records with BillType = 131 (same day stay/procedures) and deaths. Primary discharge diagnosis 800-995 with an E-code E810-E25.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	179.9	141.3	116.6	121.4	121.4
Numerator	1,857	1,543	1,325	1,325	1,325
Denominator	1,032,251	1,091,626	1,136,404	1,091,626	1,091,626

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as required provisional estimate for 2008. Final data for 2008 may be available in Fall 2010.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Provisional 2006 data entered as required 2007 estimate. Final data for 2007 may be available in Fall 2009.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Source: 2006 Hospital Discharge (UB) records excluding records with BillType = 131 (same day stay/procedures) and deaths. Primary discharge diagnosis 800-995 with an E-code E810-E25.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	21.3	23.0	24.4	24.4	24.4
Numerator	6,102	6,595	7,031	7,031	7,031
Denominator	286,813	286,813	287,937	287,937	287,937

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

2006 data entered as estimate for 2008. Final data for 2008 may be available in Fall 2010.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

2006 Data entered as estimate for 2007. Final data for 2007 may be available in Fall 2009.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Sexually Transmitted Disease Program in the NJDHSS

Denominator - Population Division, US Census Bureau, May 17, 2007.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.0</u>	<u>7.8</u>	<u>8.2</u>	<u>8.2</u>	<u>8.2</u>
Numerator	<u>10,544</u>	<u>11,801</u>	<u>12,387</u>	<u>12,387</u>	<u>12,387</u>
Denominator	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>	<u>1,507,367</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data from 2006 entered as a provisional estimate for 2008. Final data for 2008 may be available in Fall 2010.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2006 entered as a provisional estimate for 2007. Final data for 2007 may be available in Fall 2009.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

Source: Sexually Transmitted Disease Program in the NJDHSS

Used 2004 Population denominator from CDC WISQARS website.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	107,869	76,902	18,934	170	8,972	67	2,824	0
Children 1 through 4	451,182	323,250	78,689	775	36,664	292	11,512	0
Children 5 through 9	560,214	406,195	93,822	1,859	43,681	429	14,228	0
Children 10 through 14	597,675	436,343	103,107	2,198	42,970	518	12,539	0
Children 15 through 19	593,501	438,639	104,701	2,191	36,998	588	10,384	0
Children 20 through 24	542,903	400,491	96,178	2,396	34,128	685	9,025	0
Children 0 through 24	2,853,344	2,081,820	495,431	9,589	203,413	2,579	60,512	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	82,782	25,087	0
Children 1 through 4	349,985	101,197	0
Children 5 through 9	454,275	105,939	0
Children 10 through 14	494,050	103,625	0
Children 15 through 19	492,372	101,129	0
Children 20 through 24	433,262	109,641	0
Children 0 through 24	2,306,726	546,618	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2006 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	104	49	52	0	0	0	0	3
Women 15 through 17	2,184	1,134	894	0	19	0	0	137
Women 18 through 19	4,955	2,867	1,804	0	40	0	0	244
Women 20 through 34	80,408	54,817	13,877	0	8,064	0	0	3,650
Women 35 or older	24,076	18,305	2,942	0	2,108	0	0	721
Women of all ages	111,727	77,172	19,569	0	10,231	0	0	4,755

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	55	49	0
Women 15 through 17	1,140	1,044	0
Women 18 through 19	2,727	2,221	0
Women 20 through 34	58,584	21,710	0
Women 35 or older	20,192	3,865	0
Women of all ages	82,698	28,889	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	548	292	202	2	36	5	8	3
Children 1 through 4	76	45	15	1	4	4	4	3
Children 5 through 9	61	38	13	0	3	3	3	1
Children 10 through 14	71	35	30	0	2	2	2	0
Children 15 through 19	263	167	67	0	8	8	12	1
Children 20 through 24	446	262	118	3	20	20	20	3
Children 0 through 24	1,465	839	445	6	73	42	49	11

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	445	95	0
Children 1 through 4	52	20	0
Children 5 through 9	55	2	0
Children 10 through 14	65	10	0
Children 15 through 19	221	29	0
Children 20 through 24	372	50	0
Children 0 through 24	1,210	206	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	2,230,115	1,626,689	437,981	6,785	158,660	0	0	0	2004
Percent in household headed by single parent	26.0	0.0	0.0	0.0	0.0	0.0	0.0	26.0	2004
Percent in TANF (Grant) families	100.0	13.3	58.6	0.1	0.8	0.0	0.0	0.0	2004
Number enrolled in Medicaid	578,892	259,995	307,264	2,105	9,528	0	0	0	2004
Number enrolled in SCHIP	97,400	0	0	0	0	0	0	97,400	2004
Number living in foster home care	7,893	1,736	5,130	0	0	0	0	1,027	2004
Number enrolled in food stamp program	157,187	24,739	80,562	134	1,693	0	0	50,059	2004
Number enrolled in WIC	177,798	0	0	0	0	0	0	177,798	2006
Rate (per 100,000) of juvenile crime arrests	2,631.0	2,018.0	6,013.0	707.0	0.0	0.0	0.0	362.0	2004
Percentage of high school drop-outs (grade 9 through 12)	11.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	2006

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,828,694	401,421	0	2004
Percent in household headed by single parent	0.0	0.0	26.0	2004
Percent in TANF (Grant) families	0.0	0.0	100.0	2004
Number enrolled in Medicaid	0	0	279,006	2004
Number enrolled in SCHIP	0	0	97,400	2004
Number living in foster home care	0	0	7,893	2004
Number enrolled in food stamp program	0	0	50,059	2004
Number enrolled in WIC	76,459	80,542	0	2006
Rate (per 100,000) of juvenile crime arrests	2,639.0	2,502.0	0.0	2004
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	5.0	2006

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	2,288,504
Living in urban areas	2,288,504
Living in rural areas	0
Living in frontier areas	0
Total - all children 0 through 19	2,288,504

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	8,685,920.0
Percent Below: 50% of poverty	4.2
100% of poverty	8.7
200% of poverty	22.8

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NJ

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	2,288,504.0
Percent Below: 50% of poverty	5.0
100% of poverty	10.7
200% of poverty	28.2

FORM NOTES FOR FORM 21

Source: US Bureau of the Census, Population Division, May 17, 2007.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2010
Field Note:
Source: Population Division, US Census Bureau, May 1, 2008.
NJ has no rural or frontier designated areas.
2. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
Source: Population Division, US Census Bureau, May 1, 2008.
3. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
Estimate based on Census 2000.
4. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/macro/032008/pov/new46_100125_01.htm
Table - POV46: Poverty Status by State: 2007
5. **Section Number:** Form21_Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_01.htm
Table - POV46: Poverty Status by State: 2007
6. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2010
Field Note:
Source: Population Division, US Census Bureau, May 1, 2008.
7. **Section Number:** Form21_Indicator 12
Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2010
Field Note:
Source: Kids Count
<http://www.kidscount.org/datacenter/>
8. **Section Number:** Form21_Indicator 12
Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/macro/032008/pov/new46_100125_03.htm
POV46: Poverty Status by State: 2007
Below 100% and 125% of Poverty -- People Under 18 Years of Age

County Level 2006 Poverty Data available at <http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=NJ&ind=2150>
9. **Section Number:** Form21_Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic Supplement.
http://www.census.gov/hhes/www/macro/032008/pov/new46_185200_03.htm
POV46: Poverty Status by State: 2007
Below 185% and 200% of Poverty -- People Under 18 Years of Age